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Original Communications.

CEREBRAL AMAUROSIS.

By Dr. IO. MEYER, K.K. Kreisphysicus in Steyer.

(Translated for the Journal by R. JOY JEFFREYS, A.M., M.D., from the Vienna Weekly Medical Journal.)

[TRANSLATOR'S NOTE.—In our communities, even physicians who pay special attention to diseases of the nervous system, have not yet rendered themselves familiar with the use of the ophthalmoscope, and the healthy and morbid appearances revealed by it in these complaints, when of cerebral origin. Consequently, the specialist is called upon to make the ophthalmoscopic examination, report what he finds, and give his prognosis, although if the result is negative, certainly the case does not belong to ophthalmic medicine and surgery. To make a careful examination, the surgeon must be familiar with the use of the *upright* as well as *inverted* image. This takes more time and patience than any physician in general practice is willing to give to it, and he therefore, upon the occurrence of ocular symptoms, immediately consults the specialist. For the present at least, then, it is necessary for us ophthalmologists to be familiar with the ophthalmoscopic signs connected with cerebral diseases. I have therefore translated the following memoir of Dr. Meyer for the convenience of my brother physicians when studying up a special case. It reviews a large number of recorded cases, and gives some general laws of the connection of amblyopia and amaurosis with cerebral diseases. I think this digest, for instance, would have been of great assistance in such a case as the very interesting one lately reported by Dr. S. L. Abbot, in this JOURNAL. I do not imagine many will take the trouble to read this all through, particularly as it must appear in detached parts, but I think it will be worth while to glance it over, so as to know where to look for some assistance in making up one's diagnosis and prognosis. I would, in connection with this, call attention to the

memoirs of Graefe, Bouchut, Galeowski, Beaumetz, Hughlings Jackson, &c.

B. J. J.]

Ophthalmoscopic examination has shown, in a series of amblyopic and amaurotic blindnesses, material alterations in the retina and optic papilla, as also in their circulation, which must be considered the direct cause of the amaurosis. In very many cases, however, the ophthalmoscope does not reveal anything, and the immediate cause of the blindness must be looked for in the pathological condition of the brain and spinal cord, which may often be the case when *secondary* changes are afterwards seen in the papilla by the ophthalmoscope.

In general, it is not difficult to determine the existence of cerebral amaurosis. The appearance of undoubted brain-symptoms, the absence of special amaurotic changes in the retina, optic nerve or orbital structures, the persistence and increase of the disease, generally indicate or determine the fundamental complaint. It is much more difficult, however, to determine precisely the character of the disease within the cranium, and particularly its locality.

The appearances which indicate the cerebral origin of amblyopia and amaurosis are the generally observed symptoms of brain disease. Amongst these are specially reckoned—headache, functional anomalies of the brain (of the sensation of perception, by the eye, by the other senses, and mental functions), giddiness, subjective abnormal sensations, loss of sensation (anesthesia and analgesia), difficulties of voice and articulation, anomalies of motion dependent on the brain (convulsions, cramps, contractions, paroxysms), apoplectic and epileptic attacks, unconsciousness, coma, lack of and troubled sleep or great somnolency: besides these, symptoms in other organs, especially bad digestion, vomiting, spinal reflex attacks, anomalies of the genital functions, and also in the composition of the blood and nutrition.

By grouping a number of cases of cerebral and spinal amauroses, which after fatal termination were subjected to autopsy, I

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will endeavor to connect the symptoms presented with the character and locality of the disease, in order from these, considered with the reports of good pathologists on the phenomena of organic cerebral troubles, to gather, if possible, some data for the diagnosis of these so often very obscure complaints.

The observations upon which this memoir is based number 143, being cases gathered from literature, of cerebral disease in which amblyopia or amaurosis was a specially noted symptom, either in the commencement or the course of the complaint. In 83 of the 143 cases, tumors were developed either in or on the brain. Of these tumors, 22 were in the cerebral hemispheres; in the lateral ventricles, 3; in the optic thalamus, 3; in the corpora quadrigemina, 2; in the tentorium, 3; at the base of the brain, 9; in the pons Varolii, 10; in the hypophysis, 22; in the cerebellum, 2; multiple tumors in the cerebrum, 7. Besides the tumors, processes of exudation were seen 8 times, especially at the base of the brain; 8 times purulent formation and cerebral abscess; 11 times softening of the brain; 3 times induration; 7 times apoplectic deposits; 3 times aneurism of the cerebral arteries; once hydrocephalic appearances; 8 times affections of the spinal cord, and 6 times disease of the cranial bones.

The amblyopia or amaurosis seen in these cases affected mostly both eyes, commencing generally with reduced vision or blindness on one side, and involving, in the course of the disease, the other. Several times blindness is reported only on one side, and was explainable in some cases by pressure from apoplectic collections, &c., upon one or the other optic nerve from the chiasma or upon one optic trunk. For instance, in one case aneurism of the left arteria communicans pressing on the left opticus produced blindness only on the left side, as also an abscess in the left anterior cerebral lobe, and an apoplectic clot in the right anterior cerebral lobe caused blindness on the respective sides. Monocular amaurosis was also noticed where there were tumors situated in one half of the pons, in one crus cerebri, optic thalamus, or corpus striatum, mostly on the affected side; to this, however, there were exceptions. If the central portions of the brain were affected, or if the disease was at the base, blindness was generally binocular. In a case of Friedreich's, a tumor reached from the left posterior cerebral lobe to the base and thalamus, and yet there was paralysis of the right side and loss of vision of right eye.

With tumors of considerable size in these parts, there was generally more or less extensive paralysis of the opposite half of the body, and sometimes blindness on that side. Tumors in the corpora quadrigemina do not always destroy vision. In one of Bright's cases there was a tumor here situated, in a person who had been mentally and bodily weak from youth up, and yet no other symptoms than pain in the forehead and temples, dizziness and uncertain visual impressions. In a case reported by Zschokke (*Deutsche Zeitschr. f. Staatsarzneikunde* I. Band. 1853, p. 411), there was a medullary carcinomatous tumor at the origin of the optic nerve in the globuli medullares and corpora quadrigemina, considerable fluid in the cerebral ventricles, and numerous spiculae and plates of bone in the dura mater and basilar surface of the cerebrum, absence of the olfactory nerves, scarcely a trace of chiasma and infundibulum visible; in this case there was at first dimness of vision, lasting for half a minute and then passing off, but finally complete amaurosis. Of course there was absence of smell; and frequent faintings, with numbness of the body, occurred. In a case of tumor in the hemisphere, in a tumor of the hypophysis, as also in a case of aneurism of the carotis cerebralis, occasional very temporary dimness of vision took place.

Sudden blindness was seen in a case of hydatids in the left lateral ventricle, a tumor in the right median cerebral lobe, an abscess in the left hemisphere of the cerebrum, and also in a case of encephaloid of the right posterior cerebral lobe. Greatly disturbed circulation, producing hemorrhage in the optic sheath or in the interior of the eye, may have been the cause.

So soon as tumors produce pressure upon the organs at the base of the brain, they generally affect vision. There are numerous cases where exudations at the base of the brain and disease of the hypophysis were followed by amaurotic blindness. Tumors and hardening of the hypophysis occurred in twenty-two of the above cases, causing amaurosis. Engel reports seven cases in which blindness occurred (*Diss. de Hypophys. Cerebri et Infundibulo*, Vienna, 1839). The pressure on the chiasma and its consequent atrophy and degeneration sufficiently explain them. Other processes act in the same way; for instance, exudative processes at the base. Danielssen (*Zeitschrift d. Gesell. der Aerzte in Wien*, 9. Jhrg. 2 B.) reports a case in which in a leprosy person the chiasma opticum was surrounded by a pretty firm, thick exuda-

tion, which had its seat in the serous tissue of the tunica arachnoides and caused pressure and stretching of the optic nerve, and hence piercing pain in the right eye, great photophobia and gradual loss of vision. There were also in this case pains partly deep in the head, partly in the hands and feet, with hyperesthesia of these parts. Prof. Türck has made some interesting observations upon affections of the chiasma (*Sitzungsber. der Math. Naturw. Classe der Kaiserl. Acad. der Wiss.*, Jahrg. July, 1852). His first observation was a compression of the optic nerve before the crossing, by the arteria corporis callosi in a cancerous tumor of the hypophysis. A second observation was compression of the optic tracks by the arteria communicantes posteriores running nearly diagonally across under them. Türck also calls attention to the pressure on the chiasma from severe acute or chronic hydrocephalus, producing a vesicular swelling of the tuber cinereum. In some of the cases of hydrocephalus with marked cerebral pressure, but in which the tuber cinereum was not swollen, there was no amaurosis. Türck found in most of these amaurotic cases an exudative process, with nucleated cell-formation in the chiasma and on the optic tracks up to the corpus geniculatum externum. In Truka's history of amaurosis there is a case of Kalt-schmid's noticed (Jena, 1752), in which a woman, who had been struck on the head ten years previously, suffered from severe pain in the head; several months after, upon sneezing, a pound of lymph was evacuated, then amelioration for some time, and finally, a year before death, headache and amaurosis occurred. The optic nerves were found pressed and flattened by a large collection of water in the whole brain and under the cerebral meninges; the plexus choroideus also varicose.

Inflammatory processes in the meninges of the brain frequently cause amaurosis, especially if exudations collect at the base of the brain and there produce pressure on the optic nerves. By similar pressure, hydropic collections in the lateral ventricles, as also at the bottom of the third ventricle, lead to amaurosis. These cases are mostly met in young persons and children disposed to hydrocephalus. Of eight such cases of amaurosis, one was 3 years, three between 10 and 20, and two between 20 and 30 years. The largest amount of exudation was in the region of the chiasma. Such cases especially followed acute exanthemata (scarlet fever).

Next to the inflammations, we have cases

of *pus* and *abscesses* in the brain, where amaurotic blindness occurred. Of 8 such cases (observed by Clerk, Burserius, Abercrombie, Bateman, Bennet, Henkel) the locality was generally (7 times) in the hemispheres; once, namely, in Burserius's case (cited by Abercrombie in his Diseases of the Brain and Spinal Cord), the pus was in the cranium and down to the bottom of the orbit. This patient had a tumor about the brow, lids and cheek of the left, diseased side, with pus formation. Possibly, therefore, the purulent deposit within the cranium was secondary. Wunderlich states that abscess of the brain is accompanied more rarely by marked disturbance of the senses, especially of sight, but that abscesses in the anterior lobe are more apt to be followed by trouble of vision.

Amaurosis frequently accompanies softening of the brain. In 11 cases (observed by Gericke, Marcusen, Ravitz, Düsterberg, Andral, Bennet, Meyer, Romberg) the softening was 4 times in the central portions of the brain and at the base; 3 times in the anterior lobes of the hemispheres; 3 times in the optic tracks and thalamus, and once in the medulla oblongata. In a case of Ravitz's (*Casp. Wochenschr.*, 1851, 28 and 29), the right optic track and thalamus were superficially softened. In this patient, a man aged 25, there was complete blindness *left*, and hearing, smell and taste less on this side, besides paralysis of the left ocular muscles and diminished mobility of the left half of the body. In a case of Düsterberg's (*Casp. Wochenschr.*, 1846, 14), the left lateral ventricle was greatly distended, the surrounding cerebral substance, the left optic track and thalamus softened, and on the left petrous bone, where the ganglion Gasseri lies, four stalactite points of bone compressing the ganglion, which was flatter, softer and larger. The patient, a man aged 28, suffered from left supra-orbital neuralgia and neuralgia of the second and third branches of the trigeminus. There was amaurosis of the left eye, trembling of the lower limbs, dizziness and convulsions, with unconsciousness; papaplegia and sopor accompanied it. If the softening affects the median portion of the base of the brain, blindness occurs on both sides. A case observed by me was that of a servant woman, aged 38. Menstruation appeared first at 22 years of age, was always irregular, and was absent for two years before the patient's entrance into the hospital. A year previous she had occasionally suffered from (rheumatic?) pains in the head, dizziness, ring-

ing in the ears, optical hyperesthesia (sparks, flashes, colors) and diminution of vision. Upon reception, there was in both eyes only qualitative perception of light; iris had very slight mobility; pupils dilated. In addition, restless nights, heavy dreams, frequent palpitation (without discoverable organic disease). With cooling remedies and purgatives (calomel), the headache ceased. In the further course of the disease there were frequent pains in the abdomen, and diarrhoea. Vision decreased, till finally perception of light vanished. In the course of half a year death followed, with convulsions or stupor; after, however, pneumonia on the right side, severe vomiting and diarrhoea. The pia mater was found infiltrated with serum, with difficulty separable, the corpus callosum, fornix and anterior commissure softened, the choroid plexus and venous branches very empty, the corpora striata softened posteriorly, both optic thalami swollen, strewn with reddish points, the back part of the corpora quadrigemina atrophied, superficially eroded and softened, the base of the fourth cerebral ventricle softened, as also the cortical substance in the posterior lobes of the cerebrum; the hypophysis very much filled with blood, and capillary anoxia in its back part, fatty degeneration of muscle of the heart in the right ventricle.

[To be continued.]

CLINICAL LECTURE ON ULCUS ROTUNDUM VENTRICULI.

By PROFESSOR OPPOLZER.

(Translated for the Journal from the *Allg. Med. Zeitung* of Vienna, by D. F. Lincoln, M.D.)

The patient spits a great deal, which is occasioned by a sympathetic irritation of the nerves of the mucous membrane of the mouth. It is a fact, that in diseases of the stomach, large quantities of the fluids of the mouth are secreted, and this statement includes the saliva as well as the secretion of the mucous membrane of the mouth. When the mucus is in excess, the reaction is acid. It was formerly supposed that the fluid of pyrosis was nothing else than intestinal saliva (*Bauchspeichel*). But if this were the case, the fluid in the mouth would necessarily contain gall. The fluid of pyrosis is simply an excessive quantity of very dilute saliva, containing a very small amount of hyaline and sulphocyanide of potassium (*Rhodankalium*).

A second symptom of perforating ulcer of the stomach is the pain in the scrobi-

lus cordis, usually increased by pressure, and generally beginning to be felt when digestion commences. This disease is more common than is imagined, for most cases of cardialgia may be referred to it. The cicatrices of this ulcer are found with especial frequency in the stomachs of old women. Most patients cannot bear acid and fatty articles of food at all. Some bear meat more easily, others farinaceous food; and it is interesting to remark that certain patients will bear only certain articles, as for instance, only ham, or only raw beef—which should be prepared by chopping fine and adding lemon-juice (*citronensaft*) and salt. But it is always well, first to put the meat into hot water, in order to coagulate the cysticercus cellulose, if for no other reason. Sour milk, which contains casein in a state of very fine subdivision, is the best diet for this class of patients.

Tenderness upon pressure in the scrobiulus may be absent, when the ulcer is on the posterior wall of the stomach, or when through age it has grown callous. But beside the cardialgia and the sensitiveness below the xiphoid process, the patients suffer for pains of other kinds, which may be caused by the irritation of the food, the movements of the stomach, or the pressure of gases within the stomach.

A continuous pain, in a case of round ulcer of the stomach, is caused by the prevention of peritonitis. In such cases the tenderness is great and increases steadily; there is fever, vomiting and much distension of the belly. The danger of perforation is then extreme, and the friends of the patient ought to be made aware of it. This change in the character of the pain requires a change of treatment.

Pain, however, occurs in other diseases of the stomach, especially in cancer and hemorrhagic erosions; and other symptoms are necessary to a diagnosis of ulcer. Such are eructation, vomiting, haematemesis and heart-burn. Eructation is a vomiting of wind; it is necessary to observe by the odor, whether it is caused by the food consumed, or by the presence of sulphuretted hydrogen.

When the substances vomited contain lactic, acetic or butyric acid, an abnormal state of the digestion is present, which gives rise to a gastric catarrh with or without fever. The vomiting of blood is not of itself an adequate proof of the presence of a round ulcer of the stomach, since it also occurs when a cancer ulcerates. Yet in most cases of cancer of the stomach a movable tumor is demonstrable in the region of the stomach,

while the tumor which may arise from perforation and peritonitis is not movable. Fatal hemorrhage may occur as the result of erosion of the arteria coronaria sinistra; less frequently of the gastro-epiploica, the gastro-duodenalis, the vasa brevia ventriculi and the art. lienalis.

An important symptom in gastric ulcer is the heart-burn, a sensation as if a flame were rising from the stomach to the oesophagus and extending up over the throat; which may be accompanied with an increased secretion of the fluids of the mouth, and the eructation of a sour or rancid fluid. Cancer of the stomach is also very frequently accompanied with heart-burn. This is commonly caused by the formation of lactic, butyric or acetic acid in the stomach, but in its worst form it is accompanied by rancid eructation, showing the presence of butyric acid, which cannot be neutralized by water. It is interesting to observe that in many cases heart-burn is not caused by acids at all, inasmuch as the fluid of the stomach is alkaline; in such cases relief is best obtained by acids. The burning sensation, which spreads upward, is sometimes a symptom of inflammation of the cardia, in which case there is a constant feeling of burning in the pit of the stomach.

The size of the stomach, in cases of round ulcer, is variable. If the ulcer is close to the pylorus, a contraction of the latter may give rise to a dilatation of the stomach. A frequent cause of dilatation is also found in catarrh, which relaxes the muscular fibres, and consequently renders the stomach distensible by gases.

The shape of the stomach is also frequently changed. When the ulcer is situated in the middle of the lesser curvature, the stomach may be converted into two sections, a cardiac and a pyloric, looking like an hour-glass.

The stomach is diminished in size, when the ulcer is extending and yet continually contracting. Constipation is the commonest of occurrences. But, on the other hand, the stomach may lose its power of contraction through catarrh of the pylorus, which gives rise to intemperie—the discharge of undigested food in the faeces.

The nutrition is often but slightly affected, provided there is no haemorrhage and cardialgia does not set in during the night. But when the cardialgia increases in severity, the digestive powers fail, and bleeding occurs, then the patients grow pale and thin, and sometimes acquire the cancerous aspect, which of course makes the diagnosis more difficult.

Most cases of *ulcus rotundum ventriculi*, like chronic maladies of the stomach in general, are combined with tuberculosis pulmonum and phthisis.

If the ulcer has lasted several months it may still heal; but when it has existed for years, and has become callous, when the stomach is already perforated, and is only prevented from further rupture by adhesion to the diaphragm, transverse colon, pancreas or liver, then healing is very difficult. The result of the ulcer is either a cicatrix, or a perforation and fatal peritonitis. Such a perforation may easily be recognized by percussion of the right hypochondrium; for we find that on the right the clear resonance of the lungs passes directly into that of the intestines, because the liver is pressed back by air which has entered the abdominal cavity, and hangs merely by the ligamentum suspensorium hepatis.

Death may occur either from excessive bleeding, or even without bleeding, from marasmus.

As to the origin of these ulcers, the first step is probably an inflammation, in consequence of which some of the arteries become blocked up; this gives rise to necrosis of a portion of tissue, which is attacked and digested by the gastric juice. As the occlusion of the arteries extends, the necrosis extends likewise.

In the matter of therapeutics, the treatment with sour milk is the chief point. For the cardialgia, give magistery of bismuth (subnitrate), with acetate of morphia, or if the patient is inclined to be constipated, with belladonna. Nitrate of silver (one-tenth grain) is also given in the form of a pill. For excessive vomiting, subcutaneous injections of morphine are the best remedy; or, if the morphine itself be the cause of vomiting, "pills" of ice, which have likewise a good influence upon the hematemesis through their effect in contracting the gastric bloodvessels. If peritonitis occurs, it is betrayed by the continuous pain. We should then resort without delay to local bloodletting, and cold applications (*kalte umschläge*) in the region of the stomach.

For heart-burn, bicarbonate of soda, chalk, magnesia, and concha preparata are given; when the last is used, the patients often have disagreeable sensations in the stomach, as the article is entirely composed of minute pointed fragments. (Dog's dung has been employed for the same purpose.) The magistery of bismuth has the best effect.

For tympanites ventriculi, the best remedy is friction, with ethereal oils in the region of the stomach. By this means the

stomach is relaxed, the cardia or the pylorus opens, and the gases are enabled to escape.

CATTLE DISEASE.

MR. ENTREZ :—At session of the Academy of Sciences of Paris, Jan. 11th, 1869, M. Bouley communicated to the Academy the results of experimental researches he had made last summer on a disease in cattle in Auvergne ; through an official commission of which he was appointed president by the Minister of Agriculture, and M. A. Sanson secretary.

The disease has existed from time immemorial in the mountains of Cantal and Puy-de-Dôme, and the inhabitants call it *disease of the mountains*.

The Commission at once found that the disease was virulent, and transmissible by inoculation to the ox, the sheep, and the rabbit ; and that the disease was none other than charbon, as Petit had shown towards the end of the last century.

The commission thought it proper to profit by the opportunity given them to the study of the question whether the virulence of charbonous blood depended exclusively upon the presence of bacterids. Their researches did not confirm the opinion of such dependence. The following were the results of their investigations :

1st. That blood taken from a charbonous animal can transmit charbon, when the presence of bacterids cannot be discovered by the microscope. 2d. That charbonous blood containing bacterids in large quantities loses its virulence by desiccation, and does not regain it by being liquified by water, although the bacterids remain perfectly visible. 3d. That the blood of rabbits dead in consequence of inoculation of charbon always contained bacterids, even when the liquid inoculated contained none ; whilst amongst ruminants, the ox and sheep, dead from like inoculation and from the disease taken in the natural way, the presence of bacterids in the blood was not constant. Thus they are sometimes found and sometimes not ; and when not found the virulence of the blood tried by inoculation was none the less active.

According to M. Sanson, and after original experimentation, the alteration undergone by charbonous blood is none other than a putrid fermentation ; both the charbonous blood and the blood in which putrid fermentation has begun, having this common character, that in both the modified

albumen acquires the properties of a diastase, capable of converting starch into sugar. Both also have this other common characteristic, that when inoculated they will alike produce the same disease—charbon.

Mr. Bonley closed his communication by testifying to the good results derived from the internal and external administration of phenic acid.—(Translated from *Archives Gén. de Médecine*, Feb., 1869, p. 247.)

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

DEC. 14th.—*A Case of Imperforate Anus, with opening into the Vagina.* Reported by Dr. S. L. SPRAGUE.

On the 14th of Aug. I attended Mrs. C. in confinement, who was delivered of a healthy girl, her third child. The child passed its feces, the napkins were soiled, and nothing was seen unusual until the sixth day, when the grandmother who had the care of it noticed that the contents of the bowels came from the vagina, and that there was no anus. She informed me that the child was sadly deformed, and wished it would die.

I saw that the feces passed by the vagina, but did not make a thorough examination until the next day, when in company with Dr. C. D. Homans I examined the child.

Touching the vagina caused straining by child, and it passed feces in a fine stream through a small opening, at the edge of the vagina at the posterior commissure. This opening was of the size of a small probe, which was passed in and found to pass freely into a large dilated cavity, the rectum. The opening was in the posterior commissure of the vagina, where the integument joins it on the perineum.

The feces were discharged quite freely, and as the child appeared well and nursed well, it was thought best not to do anything immediately in the way of remedying the deformity.

The child continued well for some days, but in the course of a week I was called to it, as it was sick and refused to nurse. I found the abdomen swollen and tense, the small opening in the vulva not being sufficiently large for the discharge of the feces. The perineum was smooth, and no bulging, as is sometimes seen when the contents of the bowels are forced down by the straining

efforts of defecation. I passed a probe through the opening and pressed down upon the perineum, causing a prominence by the end of the probe nearer to where the anus should be, and then made an opening which gave free exit to the faeces. The child had great relief, it nursed well and grew. This opening gradually narrowed, the faeces did not pass freely, the bowels became swollen and hard, and the child's appetite failed. The mother felt very sad, and feared the child, if it lived, would be miserable in health and more miserable in mind if it ever lived to realize its situation, and she therefore wished the child would die, and rather opposed anything more being done. She was persuaded, however, to submit the child to another operation, and on the nineteenth day from the time of the first opening thus made, I passed a director through the opening in the vulva, bringing the end out at the other opening on the perineum, and dividing the integument, brought the two openings into one large opening. The faeces discharged freely, and the child regained its appetite and health, and grew fat. The operation was performed on the 16th of September, three months since. The opening has not contracted, but easily admits the little finger. The faeces pass freely, and the child grows and is perfectly well.

Imperforate anus by a membrane which covers the anus is the most favorable kind to deal with, and the least serious in its results.

Imperforate anus with opening into the vagina is a very disagreeable defect of formation (malformation), but not necessarily fatal. If the opening is too small the infant will perish from impossibility of discharging its faeces; but if the opening is sufficiently large, the child lives, and its life is not shortened by it.

Cases are recorded of this variety, which are mentioned by Boyer.

"De Jussieu reports that he knew a girl 8 years of age who had the anus closed, and passed the faeces by the vulva.

"Benvenius says that a girl born with imperforate anus passed some days after birth faecal matter by the vulva, and that she lived with the infirmity to the age of 16 years, when she died in the most violent pains of colic.

"San Swieten knew a marriageable girl every way healthy, but with this deformity.

"Haesbart speaks of seeing a girl 20 years old who passed faeces by the vulva, the anus being imperforate. She enjoyed good health.

"One case especially interesting is report-

ed by Morgagni—the daughter of a Jew called Teutonicus. She came into the world without an anus, passed her faeces by the vagina, and lived to the age of an hundred years."

Dr. Jackson said he had seen several such cases in infants; had also seen one in a Dr. Musey has reported a case in an adult.

Dr. Hooker had seen two such cases; one child died at the age of one month of disease resulting from the malformation, the other is 3 or 4 years old and healthy.

Bibliographical Notices.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M.D., Curator to the Nursery and Child's Hospital, New York; Physician to the Infant's Hospital, Ward's Island, &c. 8vo. Pp. 620. Philadelphia. 1869.

We have perused Dr. Smith's book with not a little satisfaction: it is indeed an excellent work; well and correctly written; thoroughly up to the modern ideas; concise, yet complete in its material. While we deprecate the present method of stringing words to words, after the fashion of our home and foreign brothers, with the seeming sole purpose of writing one's self into notice, we cannot help welcoming a work which will be worthy of reliance as a text book for medical students and younger physicians in their investigation of disease in children.

Dr. Smith offers us a general text book for the diseases of childhood; he takes occasion, however, in the early chapters to consider the child in its normal state, and gives practical and most excellent rules relating to the care of the mother in pregnancy, lactation, feeding, weaning, &c. In this portion and throughout the work his constant references to the medical journals of the last decade show that he is thoroughly conversant with the current literature of the subject, and, in our present age of progress, we certainly recognize in this the only satisfactory method of keeping pace with the most enlightened experience. We therefore feel that the work in question is well adapted to the practitioner who has not the time or opportunity to keep up with the ideas of the modern schools. The fact that the author makes reference to Dr. Ware and Dr. Jackson—men whom we all highly respect in this community—will help to give it good standing among us.

After considering the subjects above mentioned, and infantile diagnosis in general, the author proceeds to consider, in successive sections, diseases of the cerebro-spinal, respiratory, digestive and circulatory systems, zymotic diseases, and diseases of the skin. Dr. Smith's concise, yet searching description of each disease reminds us of the style of Gooch; while his practical and careful suggestions for treatment recall the instructions we received from Dr. Ware. We are especially struck with the articles on meningitis, eclampsia, croup, indigestion and scarlet fever. His treatment is simple in the extreme; mercury and the lancet—which our English friends, with the persistence characteristic of their race, are reluctantly giving up—are hardly mentioned; remedies which, as we look back at their former indiscriminate use, happily remind us of the paleozoic animals, "dying of an altered world."

We are glad to notice one point in the book before us. We think too little, we fear, in this age, of the future permanent benefit of our little patients; we fail to inquire, while we tide over the little sufferers in what seem to us temporary illnesses, what shall be life and health-giving remedies for their whole life-journey; we forget that "it is not merely the alternative between life and death, but between wholesome, happy, enjoyable life, and the innumerable forms of death in life, which an unhealthy or neglected childhood entails upon the innocent sufferers to the end of their days." Can we be censured, looking, as some of us have daily to do, on the piteous wrecks of childhood which are brought before us, for thinking the death of such children a desirable possibility? Though he does not expressly discuss this subject, we cannot fail to notice that the advice of Dr. Smith constantly looks to the future as well as the immediate good of the patient.

Every work, however, must have its objectionable points, and as honest critics we feel that we ought to speak of them. For instance, we object to the nomenclature of the disease which Dr. Smith calls "Internal convulsions." The term is a popular one, indeed; but, for that very reason, it should not be a professional one. It gives no idea of the locality of the trouble, and should be set aside as unscientific in the same class with debility, scrofula and other discarded terms. Almost any other of the terms applied to it in our text books we think preferable.

We do not wish to appear captious when we say that in many of our medical books of the present day we are constantly per-

plexed by the poverty of the indices; and Dr. Smith's work is not an exception. For instance, the title internal convulsions may be unknown to a practitioner who is accustomed to call the disease laryngismus stridulus, or spasm of the glottis, or thymic asthma, or something else. In Dr. Smith's work the disease is only entered as "convulsions, internal." Should not the author also give us cross references under half-a-dozen other letters and titles, and so render his work doubly valuable, as well as save the time and patience of his readers? We notice also that he makes no mention of umbilical haemorrhage, a subject which we feel should not be omitted from a treatise on infantile disease, and which has been so thoroughly treated by a gentleman of our own city. On a few other points only do we feel compelled to differ from the author.

The book is very free from those crudities of judgment and practice and style which disfigure so much of our current professional literature; and we are glad to close, as we began, by welcoming a valuable book to the profession.

F. H. B.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 4, 1869.

THE STATUS OF MEDICAL OFFICERS IN THE U. S. NAVY.

It is desirable, on grounds of national self-respect and *esprit de corps*, that our profession should be represented abroad by gentlemen of education and good attainments. The trans-Atlantic estimate of American medical men is of course based more or less on the qualifications of the surgeons of our ships of war, of which some are constantly in various European ports. To secure the continuance of a class of highly educated men as surgeons in the navy, it is requisite that there should be no falling off, relatively or absolutely, in the promotions for prolonged and meritorious services awarded to those officers. It is intimated, in a reliable document now before us, that there is a "prevalent disposition to seek more promising fields than the navy now offers to members of the medical profession." It is further stated that the "resignations of medical officers

are so numerous, and the number of candidates qualified to fill their places are so few that, according to the last annual report of the 'Chief of the Bureau of Medicine and Surgery,' there are no less than forty-eight (48) vacancies in the medical staff; and he expresses an opinion that this branch of the public service is threatened with *dissolution*; and that it can be averted only by effective Congressional action." Such legislation has been, and probably will be again solicited. It seems to us, therefore, highly fitting that medical men in civil life should be prepared to say a timely word in behalf of our brethren "who go down to the sea in ships," should be at least in possession of the facts, so as not to be obliged to confess ignorance of movements for the advantage of the naval surgeon, if consulted on the subject by any likely to influence legislation. And, it is reported to us by our friend Dr. S. F. Coues, of the Navy, that the medical officers of that branch of the public service earnestly desire the support and sympathy, and also, if possible, the co-operation of their professional brethren in civil positions, in their attempts to obtain a recognition of the value of their services during the late war.

Dr. Coues says, in a letter to us:—

"The medical corps simply asks, that their services should be rewarded as those of line officers have been; that the same rank relatively to the line that they had before the war should be restored to them; that in rank and position they should be the equals of the medical officers of the army and of other navies. No increase of pay or of numbers is asked for; but a change in the assignment of duty, which will enable the older surgeons to enjoy, on *shore stations*, their higher rank, and throw more of the sea service upon the younger men."

"It is hoped that these changes, if made, will prove an incentive to young men of education and ability to enter the corps."

As we understand the matter, the Surgeons of the Navy, by an order of August 31, 1846, ranked from above downward as Commander, Lieutenant, Master, Passed Midshipman, Midshipman, there being one "Line Grade" unattainable by medical officers—viz., that of Captain. But by an order of March 13th, 1863, the medical grades were made to range from Captain,

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down through Commander, Lieut.-Commander, Lieutenant to Master, while instead of one "Line Grade" above them as before, there were constituted four such—viz., Admiral, Vice-Admiral, Rear-Admiral, Commodore. It is this relative *degradation* that it is sought to rectify. And as naval rank is not merely a name, but means position and personal comfort, particularly in advancing years, it seems to us that our *confrères* of the quarter-deck have a claim, additional to that already mentioned, upon our interest in their behalf.

The main features of the "proposed rank and assignment of service" sought for the Medical Staff of the U. S. Navy, are set forth in the three sections we quote below from a bill on which, or on one similar to which, Congress will be called to act. A bill asking for an increase of pay, we perceive by a *New York Medical Journal* has been defeated. A new bill, not providing for such increased pay, is now in question.

"Sec. 1st. *Be it enacted* by the Senate and House of Representatives of the United States of America, in Congress assembled: That on the passage of this Act, the President of the United States by and with the advice and consent of the Senate, shall appoint from the present Corps of Surgeons on the Active List of the Navy, a Chief of Bureau of Medicine and Surgery, who shall hold his office for the term of four years, and who shall be, *ex officio*, the ranking officer of the Medical Staff, and receive the same compensation for his services as the Chief of any other Bureau of the Navy Department.

"Sec. 2d. *And be it further enacted*: That the President of the United States shall, in like manner, appoint from the Surgeons on the Active List of the Navy in the order of their official seniority, twelve (12) Medical Director-Generals, each with the rank, pay and emoluments of a Commodore in the line of the Navy; eighteen (18) Medical Inspector-Generals, each with the rank, pay and emoluments of a Captain, who shall be employed only at Naval Hospitals and Laboratories, or as members of Examining and other Boards and Courts, and any other special duty on shore; twenty (20) Medical Directors, each with the rank, pay and emoluments of a Commander, to be employed at Navy Yards and Stations, and on board of Flag-ships, to direct and supervise all matters pertaining to the Medical De-

partment of the Navy Yard, Station, Squadron or Fleet to which they may be assigned for duty; and thirty (30) Surgeons, each with the rank, pay and emoluments of a Lieutenant-Commander, to be employed on board of first and second rate vessels of war, commissioned for sea-service, on Receiving Ships at Rendezvous and Barracks, and as Executive Officers of Hospitals, or on such special duties as the Secretary of the Navy may direct.

" Sec. 3d. *And be it further enacted:* That the President shall, in like manner, and in accordance with existing laws, appoint one hundred and twenty (120) Assistant Surgeons, each with the rank, pay and emoluments of a Master, including the Assistant Surgeons now in the Navy. *Provided:* that Assistant Surgeons of three years' service, who have been found qualified for promotion by a competent Board of Examiners, shall have the rank, pay and emoluments of Lieutenants; and further that all Assistant Surgeons shall be employed wherever the Secretary of the Navy may direct. *And provided further,* that no Medical Officer shall, in virtue of his rank, exercise command or authority in the Line of the Navy, or in any Staff Corps belonging thereto, except in the Medical Staff, and over those placed under the control of the Medical Department of the Naval Service."

The bill from which the above sections are taken is accompanied by the following petition:—

" To the Honorable the Senate and House of Representatives of the United States, in Congress assembled: —

" The Medical Officers of the U. S. Navy respectfully come before your Honorable Bodies, asking a reasonable and just rank in the military service to which they belong—a rank correspondent to their duties and responsibilities, and, in some degree, approaching that conferred upon the same class of officers in the other military services of the world.

" Our naval service ought not to be second in importance, character and dignity to any, and the influence of its future in the destinies of the world must be evident to all. The equality of its dignity has been partially, and but partially, asserted by the establishment of the highest grades of rank for the line of the navy. To permit the continuance for its medical corps of positions inferior to those of the same corps in other navies, we respectfully submit, may seem to confess an inferiority, either of our

whole service, or of the officers composing its medical corps.

" Prior to the establishment of the existing grades of the 'Line,' the highest Naval rank was that of 'captain,' and the medical corps reached that of 'commander,' the next grade below. Now, since the grades of admiral, vice-admiral, rear-admiral and commodore have been added to the service, we attain to that of captain, leaving us to the fifth in the military gradation, instead of the second, as we were before passing through the risks and labors it was our duty to encounter in the late war.

" Similar risks and toils, and no greater, deservedly brought to our brethren of the line honorable distinctions; we rejoice in their reward and respect the justice which bestowed it. To the medical corps of the army also were promptly given those distinctions which every member of a military service learns to prize; and we waited in the patient hope that a record of honorable and faithful service, not behind any, would bring to the naval medical corps their share of honorable acknowledgment, and not leave them a marked exception amid the general recognition.

" No such acknowledgment has yet come. The war left us, as has been shown, relatively to the line, four degrees lower in rank. Yet, whether as heads of our department in squadrons, or acting in detail, no charge of failure or of unfaithful performance of our duties has been, or can be brought against us.

" It should not take from the value of any duties, that they are, from their nature, most efficiently, when most quietly and unobtrusively performed: and are never brought dramatically before the public eye, unless, unhappily, want of skill or fidelity results in misfortune, destruction and disgrace.

" We ask an addition of one grade for the senior officers of our corps. The table* appended shows that in the Navies of Great Britain, France, and Russia, officers of the medical corps reach the rank of vice-admiral; and, in the navy of Austria, that of rear-admiral. It is evident that such experienced military powers, relying chiefly as they do for existence on their armed organization, would not confer such honors upon a staff, except from the conviction of necessity; especially as, under the artificial class distinctions of those Governments—Line and Staff Officers are, as a rule, taken

* Omitted here.—ED.

from those who in civil life occupy different grades in their social system.

"With us no such artificial distinctions are recognized, and under our enlightened institutions, both line and staff are taken from all classes of the Republic, the humblest ranks, and often the same families, being represented in both divisions of the service. Such being the truth, there can be, we hope, no one so ignorant of the institutions of his country as to imagine that any honors, the reward of public service, are the special right of any privileged class.

"As then our Republic permits no class prejudice or presumption to which the just claims of any of its servants shall be sacrificed, it may be asked, why should these honors and distinctions be withheld the medical corps of the United States Navy, which military discretion and prudence have exacted for 'Line' and 'Staff' from military powers, under which, class privileges, unknown to us, are recognized?

"In the above recited facts is found the best testimony of military experience for the necessity of a definite and a high medical staff rank in the interests of military subordination, and therefore we are spared the need of troubling your Honorable bodies with the ample argument upon a subject so conclusively settled.

"We present this memorial to your Honorable Bodies the more confident of its favorable consideration, because what we ask takes nothing from the rights and privileges of any—conflicts with no subordination, but rather sustains it; and although we make our petition upon its own merits, we have the satisfaction of knowing, we ask nothing which has not been sanctioned by some of the most illustrious of our brethren of the line. Nor can we think that among the intelligent and liberal minded of our service there are any so doubtful of their own honors, as to believe they are only valuable by contrast with those still neglected but allied corps, the members of which, in our service, with the same honorable motives and with equal sacrifices and no less zeal, are laboring for the honor and glory of our common country.

"All of which is respectfully submitted."

The petition was signed by a host of eminent names.

ICTERUS AND PNEUMONIA.—With reference to the clinical remarks of Oppolzer, on Icterus and Pneumonia (translated in our issue of Feb. 18), Dr. J. B. S. Jackson makes

the following comments in a note he has had the kindness to send us.

"I have met with quite a number of cases of pneumonia complicated with icterus in former years, and feel very confident that in all of them the disease was upon the right side, and that there was severe inflammation of the pleura about the base of the lung. How it can be explained if it be a fact I know not; but I always supposed that the function of the liver was disturbed in such cases, and in some way by the inflammation that was going on in its immediate neighborhood. The diaphragm only separates this organ from the seat of the disease; and we know that in severe cases of pleurisy not merely the pericardium, but the peritoneum sometimes becomes inflamed, though I do not think that peritoneal inflammation about the liver would be by any means essential to the icterus. As to the gastro-duodenal catarrh that Oppolzer speaks of, I do not remember anything of the kind in the cases that I have seen, and I cannot think that I should have overlooked it if it existed."

In consequence of these remarks of Dr. Jackson, a further examination of Oppolzer's lecture was made at our request, and the following extract was furnished us.

"People have tried to make the matter a very simple one, by assuming that the diaphragm, in pneumonia, cannot move because its pleural investment is inflamed together with the lung. In consequence of this, the pressure and the motion which the liver undergoes, and which are supposed to be indispensable in the process of secreting bile, are removed. If this were the fact, then icterus ought to occur only when the right lower lobe is infiltrated in pneumonia; while in point of fact icterus may appear during pneumonia of the right upper lobe, or of the left lung. The impeded motion of the diaphragm, therefore, is not the cause of icterus in pneumonia."

NOTE UPON THE DIAGNOSTIC EXPEDIENTS OF DR. J. MARION SIMS.—We take pleasure in laying before our readers the following note from a valued medical friend. We can assure them that were the name of the writer made known, they would recognize in him one of the most respected and trusted of the profession:

Mr. Error:—I had intended to send you a notice of the article of Dr. J. Marion Sims, of New York City, published in the

New York Medical Journal for January, 1869, and later issued in pamphlet form, its title running thus: "On the Microscope in the Diagnosis and Treatment of Sterility;" but your comments in last week's JOURNAL, together with the presentation of the main points insisted upon by Dr. Sims, render any detailed remarks, in the way of review, unnecessary. Perhaps you will allow me, however, to express my own impressions of the author and my ideas as to the particular subject he brings to the notice of the profession. It has been my good fortune to become acquainted with Dr. Sims, and I have, on several occasions, derived great gratification and no little information from conversations with him upon medical topics—especially upon those relating to his specialty, and several times respecting the highly important subject discussed in the paper whose title has already been given.

With reference to Dr. Sims as a physician and surgeon, there is, I conclude, but one opinion. He is recognized as a judicious, careful and most ingenious adviser and inventor; he is remarkable for quick diagnostic insight, gentle and yet effective manipulation, honesty of purpose, and a steady pursuit of investigations into "the Science and the Art" of Medicine which do him honor, and from which he is reaping both fame and fortune. Almost any amount of abuse and detraction has been lavished upon Dr. Sims, in times past; but it is probable that the vials are empty now—or, if anything more should be forthcoming, it will do him no harm. To those who really know him, he seems singularly simple, earnest of purpose and upright in intention, combining originality of design with readiness in planning modes or appliances of treatment. I have had opportunities of judging, and can testify to his delicate and modest manner of conducting operations and examinations—a manner, and an evident sincerity, which shut out at once all suspicion of coarse intent or pruriunt imagination.

So much for the man and the physician; now for the scientific points at issue, or under review.

There are those—even in these days of abortion-procuring, and aversion to, or shirking of, the maternal lot—the maternal privilege—who consider sterility an evil. It is needless to insist upon the evident fact, that, in too many cases, it becomes a genuine calamity. Whoever, therefore, helps to render the barren woman fertile, is a benefactor, in the best sense. Oftentimes he may be the means of rescuing a family name from extinction. Indeed, there arise neces-

sities in society, which sweep away at once the "prejudices" which not only you, Mr. Editor, but many others—I may include myself—very naturally have cherished in this connection. You may see modest and delicate women, actuated by motives which no suspicion can impugn and no sneers dispel, go bravely through an ordeal confessedly most trying, and rewarded, too, in many instances, for their courage and their good faith! "*Honi soit qui mal y pense,*" I suppose you, Mr. Editor, from the just and kindly tone you adopt towards the author of the article in question, believe in his truthfulness and in his honor? This being so, if his reports of the successful treatment of sterility by rectifying the perverted uterine secretions when it is ascertained, by the microscope, that they destroy the spermatozoa, be reliable, is not this method of procedure not only admissible, but ought it not to be hailed by the profession, and by all the right-minded of the community, as a *scientific triumph* in obstetric medicine and surgery, and its originator be honored and respected accordingly? "*Palmam qui merit ferat.*" *

Boston, Feb. 19, 1869.

THE NORMAL DIAPASON.—In order to be rid of our importunate demands that he would give us something on the physiology or pathology of the voice, a medical friend has sent us the following valuable communication. In it the Doctor anxiously inquires where the modern impositions on the vocal organs will stop? Our answer is—at the limits of the *vox humana!*

MR. EDITOR.—Apollo being the god and guardian of medicine as well as of music, I make no apology for offering a few observations on a subject which is just now agitating the minds of our English brethren, viz., the modern orchestral pitch.

It is well known by all who have examined into this matter that within the last hundred years the pitch has gradually risen nearly, if not quite, a whole tone of the musical scale. Some of the original scores of Gluck and of Handel have become therefore almost impossible for the ordinary vocalists of the present day. Within the last quarter of a century this upward tendency has increased in accelerated ratio. The inquiry naturally arises when and where is it to stop; and what is to be the effect if such disposition be not speedily arrested, or indeed turned back to its original starting point?

These are questions possessing not merely

an esthetic or scientific interest. They are important, likewise, in a medical and surgical point of view, and their proper understanding will have a bearing upon the treatment of the various diseases of the vocal organs, which the medical man is now so much oftener than formerly called upon to consider.

It cannot be denied that in New England especially we are fast becoming a musical people. Every city and large town has its choral society, where the young men and maidens assemble to practise the music of a half century ago in the conventional pitch of the present day, and without any reference to the laws of vocal physiology. Can we wonder, when such strained and difficult vocalism as that contained in the oratorios of Mendelssohn and the choral symphony of Beethoven is attempted by hundreds and thousands of singers in this unnatural pitch, that broken-down voices and laryngeal diseases are the result?

The French were the first to appreciate the necessity of an immediate and radical change. On the 17th of July, 1858, a commission was appointed to investigate the subject and recommend what was best to be done. This commission included the names of such men as Halevy, Auber, Berlioz, Meyerbeer, Rossini and David. Views and opinions were solicited from England, Germany, Belgium, Holland, Italy and America. The result was the establishment by government decree of a new pitch, the standard of which for treble C should be 522 vibrations in a second. This was henceforth to be regarded as the normal diapason of France, and was lower by nearly half a tone than the standard to which the orchestral pitch had then been strained. This decree was promulgated on the 16th of February, 1859, and came into force in Paris and throughout France on the 1st of July in the same year.

Some of the leading nations of Europe adopted the new standard at once, and it has since been gradually extending over the continent.

England, with her national unwillingness to assimilate anything of French origin, has till now doggedly clung to the high pitch. And we in America have as pertinaciously seconded our brother Bull.

Quite recently, however, the subject has attracted the attention of medical men in Great Britain. Says Dr. Stone, one of the physicians to the Royal Society of Musicians in London, "My own experience, founded on many hundred cases observed at the Brompton Hospital, leads me to consider singing as now practised more injuri-

ous to the lungs and larynx than the moderate and well-guided practice of wind instruments. This cannot possibly be a necessary evil. I, for one, believe it in a great measure due to high pitch, and to neglect of physiological precautions. The public, indeed, sees little of what results; but the medical man has often to watch the premature breaking up of a fine voice and perhaps a healthy constitution, both of which, under careful management, might have been preserved."

The time has arrived when we, too, must succumb. The human larynx deserves at least as tender regard in the rude climate of New England as in France, Germany, and Italy. The contest is between the human voice, that most precious and delicate of all instruments, and its orchestral counterparts, which are, at best, its clumsy imitators. It is the duty of the medical profession to aid in a movement so essential, at the same time, to the interests of humanity and of true art.

C. M. D.

AMERICAN MEDICAL ASSOCIATION.—The twentieth annual session will be held in New Orleans, La., May 4th, 1869, at 11 A.M.

The following committees are expected to report:—On Diseases of the Cornea, Dr. Jos. S. Hildreth, Illinois, Chairman. On cultivation of the Cinchona Tree, Dr. Lemuel J. Deal, Pennsylvania, Chairman. On Excision of Joints for Injuries, Dr. J. B. Reed, Georgia, Chairman. On Alcohol and its Relations to Medicine, Dr. John Bell, Pennsylvania, Chairman. On the Cryptogamic Origin of Disease with special reference to recent microscopic investigations on that subject, Dr. Edward Curtis, U.S.A., Chairman. On Operations for Hare-lip, Dr. A. Hammer, Missouri, Chairman. On Clinical Thermometry in Diphtheria, Dr. Jos. G. Richardson, New York, Chairman. On Prophylactics in Zymotic Diseases, Dr. Nelson L. North, New York, Chairman. On Inebriate Asylums, Dr. C. H. Nichols, D. C., Chairman. On the Influence of the Pneumogastric Nerve on Spasmodic and Rhythmic Movements of the Lungs, Dr. Thomas Antisell, D. C., Chairman. To Examine into the Present Plan of Organization and Management of the United States Marine Hospitals, Dr. D. W. Bliss, D. C., Chairman. On the Utilization of Sewerage, Dr. Stephen Smith, New York, Chairman. On the Influence of Quarantine in Preventing the Introduction of Disease into the ports of the United States, Dr. Elisha

Harris, N. Y., Chairman. On Nurse Training Institutions, Dr. Samuel D. Gross, Pennsylvania, Chairman. On Commissioners to aid in Trials involving Scientific Testimony, Dr. John Ordronaux, N. Y., Chairman. On Annual Medical Register, Dr. John H. Packard, Pennsylvania, Chairman. On Devising a Plan for the Relief of Widows and Orphans of Medical Men, Dr. John H. Griscom, N. Y., Chairman. On Veterinary Colleges, Dr. Thomas Antisell, D. C., Chairman. On Specialties in Medicine, and the Propriety of Specialists Advertising, Dr. E. Lloyd Howard, Maryland, Chairman. On Library of American Medical Works, Dr. J. M. Toner, D. C., Chairman. On Vaccination, Dr. Henry A. Martin, Massachusetts, Chairman. On the Decomposition of Urea in Uremic Poisoning, Dr. H. R. Noel, Maryland, Chairman. On the best method of treatment for the different forms of Cleft Palate, Dr. J. R. Whitehead, New York, Chairman. On Rank of Medical Men in the Navy, Dr. N. S. Davis, Illinois, Chairman. On Medical Ethics, Dr. D. Francis Condie, Pennsylvania, Chairman. On American Medical Necrology, Dr. C. C. Cox, Maryland, Chairman. On Medical Education, Dr. J. C. Reeve, Ohio, Chairman. On Medical Literature, Dr. E. Warren, Maryland, Chairman. On Prize Essays, Dr. S. M. Bemiss, Louisiana, Chairman.

On the Climatology and Epidemics of—Maine, Dr. J. C. Weston. New Hampshire, Dr. P. A. Stackpole. Vermont, Dr. Henry Jones. Massachusetts, Dr. H. I. Bowditch. Rhode Island, Dr. C. W. Parsons. Connecticut, Dr. E. K. Hunt. New York, Dr. W. F. Thoms. New Jersey, Dr. Ezra M. Hunt. Pennsylvania, Dr. D. F. Condie. Maryland, Dr. O. S. Mahon. Georgia, Dr. Jurial Harris. Missouri, Dr. Geo. Engelmann. Alabama, Dr. R. F. Michel. Texas, Dr. T. J. Heard. Illinois, Dr. R. C. Hamil. Indiana, Dr. J. F. Hibberd. District of Columbia, Dr. T. Antisell. Iowa, Dr. J. C. Hughes. Michigan, Dr. Abm. Sager. Ohio, Dr. E. L. Neal. California, Dr. F. W. Hatch. Tennessee, Dr. B. W. Avent. West Virginia, Dr. E. A. Hildreth. Minnesota, Dr. Samuel Willey. Virginia, Dr. W. O. Owen. Delaware, Dr. L. B. Bush. Arkansas, Dr. G. W. Lawrence. Mississippi, Dr. — Compton. Louisiana, Dr. L. T. Pimm.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a dele-

gate, may be made a member by invitation, upon the recommendation of the Committee of Arrangements. W. B. ATKINSON.

WOUNDS OF JOINTS TREATED ON THE ANTI-SEPTIC METHOD BY CARBOLIC ACID.—Case I.—Compound Comminuted Fracture, with Wound, of the Elbow-joint—Fracture of the Leg—Recovery.—Patrick K., aged 40, a plasterer, fell from a scaffold of no great height, and was admitted into the Belfast General Hospital, under the care of Dr. William MacCormac, on July 31, 1868. Has been very intemperate, and in 1861 was partially paralyzed on the left side. On examination, the right leg was found to be fractured at the junction of its lower and middle thirds, and the soft parts around were much contused. Just above the inner condyle of the left humerus is a wound through which the finger might be easily passed through the joint to the opposite side of the limb. The lower end of the humerus was much comminuted, and a considerable piece of bone, a portion of the internal condyloid ridge, lay partially detached in the wound.

Dr. MacCormac was strongly urged to attempt excision of the elbow-joint, and to resort to amputation in case the extent of the injury should appear too severe to warrant such a procedure. The patient, however, refused to submit to operative interference. The wound was therefore dressed with lint soaked in carbolic oil, and the limb was placed upon an angular splint. Some oozing of blood took place, which coagulated upon the dressings. These were daily soaked in fresh oil, but were not disturbed until August 8, nine days after the injury. The patient complained of no suffering from the arm, and there was no local inflammation. The leg was put up on an outside splint, and, in consequence of the extensive bruising of the soft parts, proved more troublesome than the arm. When the dressings were removed from the wound a small quantity of matter was seen, below which healthy granulation appeared to fill up the cavity. Carbolic lotion was now used in place of the oily dressing, and the wound continued to do well, the patient being reported convalescent six weeks after his admission.

When he left the Hospital he had regained very considerable power of extension and flexion of the affected joint, and retained the movements of pronation and supination.

CASE II.—Compound Fracture of the Patella, with Wound of the Knee-joint—Recover-

ery.—B., aged 45, of intemperate habits, fell whilst drunk on the edge of the foot-path, and was admitted on July 12, 1868, into the Hospital with an extensive contused wound, six inches long, stretching from one condyle of the femur across the front of the knee-joint to the other; the patella was fractured transversely, the tendon of the quadriceps extensor was torn, and the knee-joint was laid open, the articulating surfaces of the femur appearing through the wound. The limb was placed on a straight splint, and the wound was carefully cleansed and washed with carbolic oil, and then covered with lint soaked in the same. The circulation through the femoral artery was controlled by a tourniquet, and ice applied around the joint. On the following day the parts were somewhat swollen; the patient suffered some pain; pulse 142; tongue furred. These symptoms, however, gradually subsided, and five days later the pulse was only 100, the tongue was cleaner, and the swelling diminished. A slight amount of sloughing took place around the edge of the wound, but this was shortly followed by healthy granulation. Bony union took place between the fragments of the patella, and no ankylosis of the knee-joint occurred. The patient was discharged cured on September 28, and was then able to flex the limb at an angle of fifteen or twenty degrees.

CASE III.—Lacerated Wound of the Wrist-joint—Recovery.—A lad of 15 had his hand caught in a fluting machine in a linen mill. On admission into the Hospital a wound opening the wrist-joint was found to extend from the palm round the base of the thumb as far as the metacarpal bone of the index finger; the soft parts had been torn away, the trapezius and trapezoid were both injured, the scaphoid displaced backwards, and the joints of the second row of the carpus were laid open. The wound was dressed with carbolic oil, and a splint applied to the palm and forearm. Very little inflammatory action and suppuration occurred, and the wound healed rapidly, so that in a fortnight there was only a superficial granulating wound at the seat of injury. In five weeks the boy left the Hospital with only some stiffness of the wrist-joint and impaired movement in the thumb.

In the "Remarks" on these cases it is said, "It must, however, be borne in mind that similar results were sometimes obtained before carbolic acid was thought of, and therefore we cannot consider that this is necessarily an essential element in these cases; but it will probably be admitted

that the occurrence of three such cases at one time, and the uniformly satisfactory results obtained in all of them, would indicate something more than a mere coincidence.—*London Medical Times and Gazette.*

LIMITATION OF BIRTHS IN FRANCE.—Amongst Catholics, it is well known that contrivances for rendering married life childless are sedulously denounced by the clergy in the privacy of confession. But it is a great mistake to suppose that creed has any more influence on the prevalence of the customs in question than race has; for we know on indisputable authority that the Protestant pastors of the half-German Alsace preach openly on the matter, and that in spite of them the women express their determination to bear no more than two children. The effect of such customs on the health of the weaker sex has never yet been fully stated. As for national prosperity, it is quite true that a redundant population has its evils. There is the wretchedness arising from want of occupation, and if this be relieved by emigration, it may be said that every parent state may have to fight for its colonies first, and to fight against them afterwards. The history of the English Possessions in North America in the last century is illustrative enough of this. On the other hand, it must be conceded that all wars are not voluntary, and all are not the effect of a restless population unable to keep within its own borders. It is conceivable that the French of the twentieth century might find themselves menaced by invading hosts from the North and East, whom a population artificially limited, and looking to comfortable existence in France as their *summum bonum*, might find it difficult to resist.

We will only point out one duty which we think is overlooked by our neighbors. Man has relations to the Kosmos, and a debt to posterity. . . . It is not a redundant, but an ill-educated, ill-governed, selfish population that is to be feared. There is plenty of employment in England if the "hands" would but stoop to accept it. "Increase and multiply, fill the earth and subdue it." "Happy is the man who hath his quiver full; he shall not be afraid to meet his enemies." Such we hold to be sounder maxims of social economy than those which are acted on by the French democrat.—*Ibid.*

PROF. J. VILLE has discovered that the waters of certain lakes in Tuscany contain a large proportion of sulphate of ammonia.

Medical Miscellany.

THE Medical Faculty of Harvard University gave a levee at the Revere House on Wednesday evening of last week, to the medical class of the session now just completed.

Among the specially invited guests we noticed Dr. McLaren, U. S. Army Medical Director of this District, His Honor Mayor Shurtleff (M.D.), and Dr. C. G. Putnam.

The elegant reception rooms of the Revere House were thronged by a body of young men of promising appearance. At nine o'clock the doors of the operating room were thrown open, where the function of the gustatory nerve was finely demonstrated, the preparations being excellent, and the supply of subjects ample.

CITY HOSPITAL APPOINTMENTS.—At the course for the position of House Officers for the ensuing year, held Feb. 19th ult., the following gentlemen received the appointments.

Chas. F. Folsom—Senior House-Physician.
Geo. B. Stevens—Senior House-Surgeon.
Chas. B. Brigham—Second House-Surgeon.
C. B. Shute—Junior House-Physician.
N. P. Quint—Third House-Surgeon.
Wm. F. Clarke—Ophthalmic Interner.
A. Proudfoot—Ophthalmic Externe.

A CRITICISM.—A friend has spoken of the quotation from the *British Medical Journal* in our last issue, as though it were "nonsense in heavy-sounding words." How could he?

As will be seen by a notice in the advertising columns, the Commencement of the Medical Department of Harvard University will take place on Wednesday next. Our issue of next Thursday goes to press on Tuesday. Therefore the notice of the commencement cannot appear till the week following.

ATTENTION is called to the meeting of the Censors of the Suffolk District Medical Society ad- vertised in this number.

THOSE intending to join the steamboat excursion of the American Medical Association to New Orleans, should send their names to Dr. Wm. B. Atkinson, 1400 Pine St., Philadelphia. Unless enough names are received the excursion will be given up.

The following are the officers of the Butler Hospital for the Insane, Providence, R. I.:—John Carter Brown, President. Edward King, William Butler Duncan, Vice Presidents. Trustees, Amos D. Smith, Jabez C. Knight, John Kingsbury, Rufus Waterman, William Sprague, James T. Rhodes, Royal C. Taft, Tully D. Bowen, Amos C. Barstow, David Duncan, Moses B. I. Goddard, Treasurer. Robert H. Ives, Secretary. Joseph Mauran, M.D., G. L. Collins, M.D., J. W. C. Ely, M.D., Board of Consultation. John W. Sawyer, M.D., Superintendent and Physician. Samuel Worcester, M.D., Assistant Physician. Mrs. Sarah D. Lovett, Matron.

RESIGNATION OF THE OFFICERS OF THE BOARD OF HEALTH IN NEW YORK.—The one and only

apparent reason why these gentlemen resigned, was an attempt on the part of the Board to degrade their positions, assign them to unprofessional and undignified duties, and make use of them for political purposes. Similar attempts have been made from time to time, ever since the organization of the Board, but never, until recently, were there a sufficient number of men upon it of a character to sanction such action. That it is now so is much to be deplored. With few exceptions, the business of the Board of Health has, up to the present time, been conducted thoroughly, quietly, and in a manner eminently deserving the approbation of the medical profession. Its officers have been men thoroughly in sympathy with the profession, bound up in the same interests, and taking part, so far as the faithful discharge of their official duties permitted, in the same pursuits.—*N. Y. Medical Record.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic; 9 A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Surgical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.
FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.
SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

ERRATA.—In last week's issue, page 70, in the extract from the Dublin *Medical Press and Circular*, for "he found," "he could pass a probe," read *there was found*, *a probe could be passed*. On page 72, 2d column, the paragraph headed "Carbonate of Lime in Pertussis," should read "*Carbolate of Lime in Pertussis*.

TO CORRESPONDENTS.—The following communication has been received:—On Hay Fever, or Rose Cold; Translation of a paper by Guenau de Musy in *Gazette des Hopitaux*.

PAMPHLETS RECEIVED.—Operation of Vesico-vaginal Fistula without the Aid of Assistants; with a view of the relative merits of the Clamp, Interrupted, Silver and Button Sutures. By Nathan Bozenan, M.D., New York.—Pathological Phenomena Generalized. By H. Backus, Montevallo, Alabama.

DIED.—At Auburndale, Feb. 25th, Dr. Edward A. Kittridge, 55 years, 7 months.—At North Haverhill, N. H., Feb. 17th, Dr. Henry B. Leonard, aged 51 years, 7 months, 9 days.—At Chicago, Ill., Feb. 3d, Dr. Elijah D. Harmon, of Bennington, Vt., aged 86 years.

DEATHS IN BOSTON for the week ending Saturday noon, February 27th, 99. Males, 50—Females, 49.—Abcesses, 2—accident, 4—aneurism, 1—apoplexy, 2—asthma, 1—disease of the brain, 3—bronchitis, 3—burns, 1—cancer, 2—consumption, 13—convulsions, 2—croup, 7—debility, 4—diphtheria, 3—droopy of the brain, 1—dyspepsia, 2—erysipelas, 2—scarlet fever, 13—typhoid fever, 1—disease of the heart, 3—hernia, 1—disease of the kidneys, 1—infiammation of the lungs, 9—old age, 7—paroxysms, 2—peritonitis, 1—premature birth, 2—puerperal disease, 2—pyaemia, 1—syphilis, 1—whooping cough, 1—unknown, 2.

Under 5 years of age, 43—between 5 and 20 years, 7—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 18. Born in the United States, 66—Ireland, 24—other places, 9.